SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: □ No FRANK FILAS COLORADO PLATEAU PARTNERS 225 UNION BLVD STE 600 3. Service Type LAKEWOOD CO 80228-1826 ☐ Certified Mail ☐ Express Mail ☐ Registered □ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7005 2570 0000 4801 5556 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
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